

LIMITATIONS AND EXCLUSIONS:

Pre-existing conditions are not covered. A pre-existing condition is any condition or complication thereof which required medical treatment, consultation, or expense during the 3 years immediately before the Insured person's Effective Date of Insurance, or which produces symptoms within 3 years immediately prior to the Insured person's Effective Date of Insurance*. These symptoms must be significant enough to establish manifestation or onset by one of the following tests: (1) they would allow a physician to make diagnosis of the disorder; (2) they would cause a reasonable person to seek diagnosis or treatment. Eligible Expenses for the first six months do not include a hysterectomy; tonsillectomy; adenoidectomy; repair of deviated nasal septum or any type of surgery involving the sinus; myringotomy; tympanotomy; or herniorrhaphy. Benefits are not payable for expenses resulting from: eye examinations; or glasses; hearing aids or surgery; dental or orthodontic work; TMJ; war, riot or any act incident to war or riot; self-inflicted injuries; suicide or attempted suicide; military service; newborn not yet discharged from the hospital; work-related injury or sickness covered under Worker's Compensation Act or similar law; pregnancy or complication there from or elective termination of pregnancy; services furnished by the member, a dependant, or his immediate family; services or supplies rendered to a transplant donor; treatment for the purpose of causing a pregnancy, or complication resulting from such treatment; sterilization or reversal of sterilization; skydiving, scuba diving, hang or ultra light gliding, riding an all terrain vehicle or dirt bike, snowmobile, or go-carts, motorcycle racing, boats, aircrafts or participation in sports for pay or profit and rodeo contests; voluntary inhalation or ingestion of any gas or poisonous substance; cosmetic surgery; routine physical or premarital examinations, check-ups, diagnostic tests, immunizations, preventative or routine care; except as specifically covered under the Group Policy; testing or treatment of learning disabilities, attention deficit disorder, hyperactivity, autism or related conditions; experimental services, supplies or treatments; obesity treatment, advise, consultation, medication or surgery; treatment for conditions of the feet; gender change modification, sterilization or elective reversal surgical procedures; breast reduction or enlargement; sexual dysfunction; supplies of a common household use; outpatient prescription drugs; injury or sickness occurring while under the influence of alcohol, illegal drugs, hallucinogenic or testing or treating a sleeping disorder; private duty nursing; spinal manipulation; Expenses for Hospital, Physician or medical care received outside the United States, its possessions or Canada.

* The pre-existing condition limitation may vary by state. Please see the specific state's Certificate of Insurance for details.

Colorado Residents Only:

This policy does not provide portability of prior coverage. As a result, any injury, sickness or pregnancy for which you have incurred charges, received medical treatment, consulted a health care professional, or taken prescription drugs within 12 months of the effective date of this policy, will not be covered under this policy.

COVERAGE TERMINATION:

Coverage will end if the premium is not paid when due, you enter full-time active duty in the Armed Forces, become eligible for Medicare, you cease to be a Member of the Association, the Group Master Policy terminates, the expiration of the elected Coverage Period, if Clarendon National Insurance Company determines fraud or misrepresentation has been made in filing a claim for benefits, or on the date a dependant ceases to be eligible.

COORDINATION OF BENEFITS:

Benefits may be reduced if you have other health care coverage, so that the total paid does not exceed the allowable expenses.

EXTENSION OF COVERAGE AFTER TERMINATION:

If a member, or insured dependant, is receiving benefits for a hospital confinement on the date that the Group Policy terminates, benefits will continue in accordance with the terms of the Group Policy for as long as that confinement remains continuous and the member or insured dependant is Totally Disabled by reason of such Injury or Sickness. However, in no event will coverage continue beyond the end of 90 days following the date the Group Policy or his coverage terminates. Benefits payable after the Coverage Period in which insurance under the Group Policy terminates are subject to a new Deductible Amount and satisfaction of Co-insurance limit.

SATISFACTION GUARANTEE:

If you are not completely satisfied with this plan for any reason, and you have filed no claims, you may return the Certificate of Insurance within 30 days and receive a full refund of all monies paid.

ABOUT THE INSURANCE COMPANY:

Clarendon National Insurance Company is rated A (Excellent) for financial condition by the A.M. Best Company, independent analysts of the insurance industry. A.M. Best Ratings range from A++ to D.

ABOUT THE ADMINISTRATOR:

HPA, Inc is a fully licensed, full service Third Party Administrator transacting business worldwide. HPA is a third generation company dating back to 1939. Industry leading services include: professional customer service, prompt claims payment, state of the art billing and reporting.

This brochure provides only a brief description of the benefits, exclusions and other provisions of the Master Policy CNL-6000-ST-MP. This brochure is not a contract of insurance. To the extent any information in this brochure is inconsistent with the Master Policy, the terms of the Master Policy will control. Because the Master Policy is issued and delivered in the District of Columbia, laws of other states may not apply in all instances. Benefits may vary in different states.



Coverage may not be available in all states. Please contact HPA, Inc., Sales Team for the most up-to-date information: **1-800-277-3323**.

The Competitor . . .

Freedom STM

Short Term Medical Insurance
\$1 Million Lifetime Maximum
Per Insured Person

The Perfect Solution ...

Between health insurance plans
College student or just graduating
Need a COBRA alternative
Part-time or temporary employee
Unemployed or laid off

Special Features ...

Choose any doctor or hospital
24-Hour coverage worldwide
Convenient payment options:
Single Payment for 1 to 6 months or
Pay monthly up to 6 or 12 months

Insured By: **Clarendon National Insurance Company**
Rated A (Excellent) by A.M. Best Reports

Administered By:  **HPA, Inc., Rockford, IL**

Marketed By:

The Competitor . . .



Freedom STM



Short Term Major Medical Insurance

\$1 Million Lifetime Maximum Per Insured Person

WHAT IS STM INSURANCE?

Just because you don't have health insurance right now doesn't mean you won't have health problems. *The Freedom STM* allows you and your family to purchase high quality, affordable major medical coverage on an intermediate basis. The covered benefits include expenses for doctors services, surgery, out-patient and in-hospital care.

EASY PAYMENT OPTIONS:

We've made it easy for you to pay for your Short Term Medical program. Our Monthly Pay Options offers you the opportunity to pay for your program in easy monthly installments over a plan period of 1 to 6 or 12 months* and for your added convenience, choose to bill the monthly costs to your Visa, MasterCard or Discover; or automatic bank withdrawal.

Select the Payment in Full Option, which offers a special single payment incentive to prepay the entire cost for your coverage choice of: 30 days (1 month); 60 days (2 months); 90 days (3 months); 120 days (4 months); 150 days (5 months); or 180 days (6 months). You can pay the cost in full by either check, money order or credit card (Visa, MasterCard and Discover are accepted).

*The maximum number of months for the monthly Pay Option may vary by state.

BENEFIT OPTIONS FOR COVERED EXPENSES ~ PER INSURED PERSON PER COVERAGE PERIOD*

***You pay the deductible:**
\$250, \$500, \$1,000 or \$2,500
of Covered Expenses

***Insurance Company pays:**

80% of the next \$5,000
of covered expenses

***You pay:**
20% of the next \$5,000
covered expenses

***Insurance Company pays**
100% of covered expenses
upto \$1,000,000
Lifetime Maximum

EFFECTIVE DATE OF COVERAGE:

The earliest date the Plan can begin is 12:00 a.m. on the day following the U.S. postmark stamp (not a meter stamp) on the enrollment envelope. If the original envelope is not included, the effective date would then be the date the enrollment was received by Health Plan Administrators, Inc. However, you can request a later effective date, but, no more than 60 days after the application date. All coverage is subject to approval of your application and payment of the first premium.

COVERAGE ELIGIBILITY:

Available to members and their spouses (through the age of 59) and their dependent children under the age of 19 years old (or under the age 25 years old and enrolled and attending as a full-time student at a accredited college, university, vocational, or technical school); who have a social security number and can answer "NO" to questions 1 through 5 on the enrollment form. Children age 19 and over must apply separately. Child(ren) alone can apply and are to use the adult 0-24 premium rate (male or female, based on their gender) for the youngest child; and the per child rate for each of the child siblings to be insured. The minimum age for child only coverage is 2 years old. The application must be completed and signed by the parent or legal guardian.

WHAT IS A REASONABLE AND CUSTOMARY CHARGE?

A charge which is: (1) made by a Physician or a supplier of services, medicines, or suppliers; and (2) the customary charges made by others rendering or furnishing such services, medicines, or supplies within an area in which the charge is incurred for Sickness or Injuries comparable in severity and nature to the Sickness or Injury being treated. The term area as it would apply to any particular service, medicine or supply, means a county or such greater area as is necessary to obtain a representative cross section of level of charges.

CAN I CONTINUE COVERAGE?

The Freedom STM is issued on a temporary need and terminates at the end of the period applied for. If the need for temporary health insurance continues, you may apply for a new STM** coverage period. Your application is subject to the eligibility and underwriting requirements. Furthermore the coverage is not continuous. Any condition that incurred expense during the last coverage period will be treated as a preexisting condition, and excluded under the next coverage period. Certificate members over the age 59 are not eligible to reapply for coverage. (Except in the states of California, Colorado, Michigan and Nevada your coverage periods combined cannot exceed a total of 6 months.)

**Only if an STM plan is available in your resident state at that time; plan benefits, premium and features may vary.

COVERED MEDICAL EXPENSES:

- ◆ **Hospital Charges** - medical care and treatment
- ◆ **Ambulatory Surgical Center** charges
- ◆ **Physicians Services** for diagnosis, treatment and surgery
- ◆ **Intensive Care** - up to 3 times the average semi-private room rate
- ◆ **Skilled Nursing Facility** - up to \$30 per day for 30 days
- ◆ **X-ray exams, laboratory** tests and analyses
- ◆ **X-ray and radioactive** isotope therapy, Anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of necessary medical supplies
- ◆ **Blood** or blood derivatives and their administration
- ◆ **Ambulance Services** - \$250 per emergency
- ◆ **Organ Transplants** - Lifetime Maximum \$50,000
- ◆ **Mental and Nervous Disorders** - as a Bed Patient; or treated Outpatient at a maximum of \$30 per day up to 30 visits - Lifetime Maximum of \$5,000*
- ◆ **Alcoholic and Drug Disorders** Lifetime Maximum of \$1,000 *
- ◆ **Acquired Immune Deficiency Syndrome (AIDS)** Lifetime Maximum of \$10,000
- ◆ **Home Health Care** - up to 40 visit maximum
- ◆ **Mammography, pap smear and screens**

*Benefits for Mental, Nervous and Alcohol and Drug Disorders are paid at 50%. The benefit amount shown is the "Maximum Lifetime Benefit per Insured Person".

PRE-ADMISSION CERTIFICATION:

This plan requires a Pre-admission Certificate by "Medical Cost Management" prior to in-patient hospitalization or surgery by a Member or Insured Dependent within 48 hours. If you fail to pre-certify, benefits will be reduced by 50%. To pre-certify call Medical Cost Management at: 1-800-367-9938.

CNL-6000-ST-BR0.STM 6-12, 5/02